

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3517

State File No.

BIRTH NO.		REG. DIST. NO. <u>319</u>		PRIMARY REG. DIST. NO. <u>6079</u>		Registrar's No. <u>3</u>	
1. PLACE OF DEATH a. COUNTY <u>STE. GENEVIEVE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>STE. GENEVIEVE</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL STE. GENEVIEVE</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL STE. GENEVIEVE</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NONE</u>				d. STREET ADDRESS (If rural, give location) <u>RR # 2</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>ANDREW</u>		b. (Middle) <u>NICHOLAS</u>		c. (Last) <u>WEBBERRY</u>	
4. DATE OF DEATH		(Month) <u>JAN</u>		(Day) <u>19</u>		(Year) <u>1950</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>MAY 7 1908</u>	
9. AGE (In years last birthday) <u>41</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LUMBER WORKER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HARBLE WORKS</u>		11. BIRTHPLACE (State or foreign country) <u>MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>		13a. FATHER'S NAME <u>NICHOLAS WEBBERRY</u>		13b. MOTHER'S MAIDEN NAME <u>ROSA LIPP</u>		14. NAME OF HUSBAND OR WIFE <u>NAVADA LALUMONDIERE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Navada Lalumondiere Ste. Genevieve Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Colon</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <u>15.3 X</u>				19. DATE OF OPERATION			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>MO. HIGHWAY # 25</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>STE. GENEVIEVE CO. MO</u>		21d. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from <u>Jan 19</u> , 19 <u>50</u> , to <u>Jan. 19</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Jan 19</u> , 19 <u>50</u> , and that death occurred at <u>6:30P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Res. C. Barber</u> (Degree or title) <u>Coroner Mo Ste. Genevieve Mo</u>				23b. ADDRESS		23c. DATE SIGNED <u>1/21/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1/22/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OZORA CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>OZORA MO</u>	
DATE REC'D BY LOCAL REG. <u>Jan 23, 1950</u>		REGISTRAR'S SIGNATURE <u>L. L. Karl</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Res. C. Barber</u>		ADDRESS <u>Ste. Genevieve Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 8 1950

RECEIVED

JAN 28 1950

DISTRICT HEALTH OFFICE No. 4

File No. 150-130

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Lea C. Barker

Licensed Embalmer No. 1985

P. O. Address St. Genevieve Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.